



SUPERIOR COURT INTERPRETER SERVICES INVOICE

NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ____ _		LANGUAGE	
STREET ADDRESS		TELEPHONE NUMBER		CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REGISTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	MUST INCLUDE ZIP CODE ➔ ➔		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CASE TYPE <small>(Only One Case Type Per Invoice)</small> <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL – FAMILY LAW <input type="checkbox"/> CIVIL – OTHER	<input type="checkbox"/> IN PERSON <input type="checkbox"/> VIA TELEPHONE	CASE DESIGNATION <small>(Only One Per Invoice)</small> SEATTLE <input type="checkbox"/> KENT <input type="checkbox"/>
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JUVENILE HEARINGS ONLY:	
<input type="checkbox"/> IN COURT <input type="checkbox"/> OUT OF COURT	<input type="checkbox"/> OFFENDER <input type="checkbox"/> TRUANCY <input type="checkbox"/> DEPENDENCY <input type="checkbox"/> ARY <input type="checkbox"/> CHINS

DATE	CASE NUMBER <small>(Third digit in case # must be the same per invoice)</small>	CASE NAME	NAME OF JUDGE / ATTORNEY / LOCATION / ROOM NUMBER	HEARING TYPE	APPROVAL SIGNATURE	START TIME	FINISH TIME	DO NOT WRITE IN SHADED AREAS
								TOTAL HOURS:
								TOTAL PAYMENT:

INTERPRETER CERTIFICATION

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE: _____

Your Invoice Tracking Code

DATE: _____

INVOICES NOT SUBMITTED WITHIN 30 DAYS MAY BE SUBJECT TO A 10% REDUCTION.
INVOICES MORE THAN 6 MONTHS LATE MAY NOT BE PAID.

PLEASE MAIL TO:

KING COUNTY SUPERIOR COURT
ATTN: Gary Cutler
516 THIRD AVENUE - ROOM C-203
SEATTLE, WA 98104

**PLEASE MAKE A COPY
FOR YOUR OWN RECORDS
BEFORE SUBMITTING THIS FORM**

1/10/2011CT

FOR BUDGET DEPARTMENT USE ONLY